

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

1091914941

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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50											
TOTAL IND.	2										
TOTAL DEP.	7										
TOTAL CLAIMS	9										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS